PATENT APPLICATION FEE DETERMINATION RECORD Effective January 1, 2003 0667/17													
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			21					RAT	Ē	FEE]	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC	FEE	375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			2 (minus 20=		*			X\$ 9	Ī	4	OR	X\$18=	
INDEPENDENT CLAIMS			minus 3 =		3			X42	=	126	OR	X84=	
MU	LTIPLE DEPEN	IDENT CLAIM PI	RESENT					+140	=	7.00	OF:	+280=	
* if	the difference	in column 1 is	ess than zero, enter "0" in column 2					TOTA	\L		OR	TOTAL	
CLAIMS AS AMENDED - PART II											•	OTHER	THAN
_	(Column 1) (Colum CLAIMS HIGH					(Column 3)	SMAI	SMALL ENTITY			SMALL		
AMENDMENT A		REMAINING AFTER AMENDMENT	,	PAID	BER	PRESENT EXTRA		RATI	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	· 17	Minus	* 2	<u>/</u>	=		X\$ 9	=		OP.	X\$1 8 =	
	Independent	* 4 NTATION OF MI	Minus	###	CLAIM	=		X42=	=		OR	X84=	
_			JEHI EE DEF	LINOLINI	CLAIN		J	+140	=		OR	+280=	·
								TOI ADDIT. F			OR.	TOTAL ADDIT, FEE	
		_											
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	. 3	HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	Ξ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	<u></u>	=		X\$ 9	-		Ой	X\$1 8 =	
	Independent FIRST PRESE	* NTATION OF MI	Minus	***	CLAIM] -	1	X42=	-		OR.	X84=	
								+140:	=		O R	+280=	
								TOT ADDIT. F			OR	TOTAL ADDIT, FEE	
_		(Column 1) CLAIMS	1	(Colun		(Column 3)							
AMENDMENT C	·	REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	BER	PRESENT EXTRA		RATE	:	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=] [X\$ 9=	_		OR	X\$1 8 =	
	Independent FIRST PRESE	* NTATION OF MI	Minus	***	CLAIM	=		X42=			OR	X84=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=				+280=	
*	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."								AL		OF:	TOTAL	
***	it the "Highest Nu	mber Previously Paider Previously Paider	aid For IN THI	S SPACE is	s less tha	n 3 enter *3 *		ADDIT. FE			OF:	DDIT. FEE	

FORM PTO-875 (Rev. 12/02)

Application or Docket Number

*U.S. Government Printing Office: 2003-499-464/79011